

APPLICATION FOR REGISTRATION AS A TEMPORARY BOOKMAKER EMPLOYEE

Surname			Maiden name (If applicable)	
Full names				
ID number (Attach ID Copy)				
Home address				
Suburb		Town		
Postal Code				
Telephone number	Home	Office	Cellular phone	
	()	()		
Current business address				
Suburb		Town		
Postal Code				

Name of the Bookmaker & Licence Number of thereof			
Name of registered business issued with a Bookmaker licence			
Trading name of business			
Duration of Employment & the details of the project of employment			
Bookmaker representative confirming temporary employment			
	Print name	Signature	

Signature – Applicant	Date

All correspondence to be addressed to:
The Chief Executive Officer
Private Bag X9102
PIETERMARITZBURG
3200
Republic of South Africa

Telephone no: 27-33-345 2714
Fax no : 27-33-342 7853
Web site: www.kzngambling.co.za

FOR OFFICE USE ONLY	REFERENCE NUMBER
	CEMS REGISTRATION